ENTRY LEVEL COURSE INSTRUCTOR TRAINING

CHOOSE ONE OF THE FOLLOWING TRAINING SESSIONS (Capacity is limited. Register early to make sure the session you prefer is available) July 17th 2003 in Wausau at North Central Technical College August 12th 2003 in Waukesha at Waukesha County Technical College Complete the following information: Sponsoring agency name Street address City and zip code_____ Phone number _____ Instructor information Address Phone number e-mail address Check next to the course(s) currently approved to teach Assistant Child Care Worker (Early Childhood 1) Child Care Teacher (Early Childhood 2) ___ Infant/Toddler Family Child Care Name_ Address _____ Phone number e-mail address Check next to the course(s) currently approved to teach ___ Assistant Child Care Worker (Early Childhood 1) Child Care Teacher (Early Childhood 2)

The cost is \$35.00 per person. No cash or credit cards will be accepted. Make check or money order payable to the Division of Children and Family Services. No personal checks will accepted, the fee must be through the Sponsoring Agency.

Send completed form and fees to the following address:

___ Infant/Toddler
Family Child Care

Department of Health and Family Services Bureau of Regulation and Licensing 1 W. Wilson St. Rm. 534 PO Box 534 Madison, WI 53708-8916